(8) Achieve universal access to information/counseling, and services for fertility regulation and contraception with a wide basket of choices.

(9) Achieve 100 per cent registration of births, deaths, marriage and pregnancy.

(10) Contain the spread of Acquired Immunodeficiency Syndrome (AIDS), and promote greater integration between the management of reproductive trace infection (RTI) and sexually transmitted infractions (STI) and the National AIDS Control Organisation.

(11) Prevent and control communicable diseases.

(12) Integrate Indian System of Medicines (ISM) in the provision of reproductive and child health services, and in reaching out to households.

(13) Promote vigorously the small family to achieve replacement levels of TFR.

(14) Bring about convergence in implementation of related social sector programmes so that family welfare becomes a people centred programme.

The National Population Policy 2000 envisages as a number of promotional and motivational measure like;

> reward to Panchayats and Zila Parishads,

> continuation of the Balika Samridhi Yojana,

> Maternity Benefit Scheme,

> Health Insurance Plan,

> rewared to couple below the poverty line for adoption of small family norm, etc.

**Anti-Smoking Campaign**

4316. DR. Y. LAKSHMI PRASAD : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether cigarette sales in India have increased drastically inspite of imposing heavy excise duties; and

(b) if so, the action proposed to make vigorous anti-smoking campaigns because of smoking being health hazards, not only for smokers but also for persons inhaling the exhumed smokes?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) Yes, Sir.

(b) The Committee on Subordinate Legislation (Tenth Lok Sabha) in its 22nd Report had made several recommendations primarily intended to discourage the use of tobacco and tobacco products. The Government is examining these recommendations and a draft legislation is under consideration of the Government.

**Population Perspectives**

4317. DR. ARUN KUMAR SARMA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the reasons for present day failure to control population growth in India;

(b) whether compelling statutes rather than motivation would result in positive achievement;

(c) if so, the changes in the statutes required and whether Government have any proposal to move in that direction;

(d) the practice and principles adopted to control population in China and its success rate;

(e) the advantages and achievements of population control programme during 1975 emergency and reasons for its discontinuance; and

(f) the data on impact and extent of immigration on population growth of India since independence?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) to (f) For the country as a whole the achievements under the family welfare programme have been quite substantial. Nine States and UTs including Kerala, Tamil Nadu and Goa have already achieved net replacement levels of fertility. Other States like Andhra Pradesh, Karnataka, Gujarat, Maharashtra are close to achieving it. However, some States are lagging behind primarily on account of slow achievement of socio-economic indicators.

The population does not stabilise in response to Family Welfare Programmes alone. A large number of factors influence population growth rate and in turn are affected by it. Some of these factors are women's empowerment,